

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE: July 14, 2015

FROM:  STEPHEN B. JOHNSON, COMMANDER TO: PATRICK A. NELSON, CAPTAIN
CENTRAL PATROL DIVISION LANCASTER STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number: FO2362406
Incident: Force
Incident Date: July 31, 2014
Unit: Lancaster Station
Suspect: Raymond Govea, M/H 02/14/86
Involved Employees: Deputy Michael Courtial # [REDACTED]
Deputy Jeremy Farley # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]

EFRC Date: July 9, 2015

The Executive Force Review Committee (EFRC) consisting of Commanders Stephen B. Johnson, Ralph G. Ornelas and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC recommended that the Unit Commander conduct a tactical debriefing regarding the tactical deployment and assignment of roles during critical situations.

SBJ:JRB:jrb

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Unit: Lancaster Station
Suspect: Raymond Govea, M/H 02/14/86
Involved Employees: Deputy Michael Courtial # [REDACTED]
Deputy Jeremy Farley # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]

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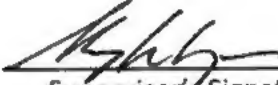


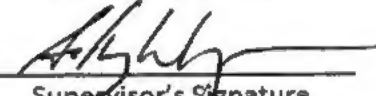

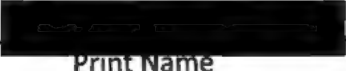
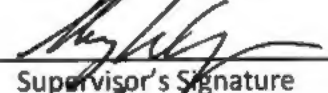

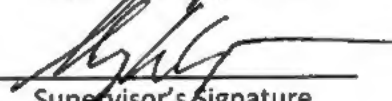


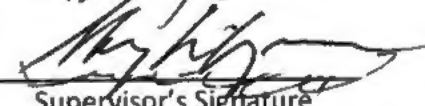

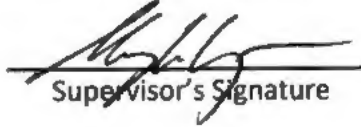
SBJ:JRB:jrb

UNIT COMMANDER RESPONSE

1. Complete the form including the following signatures:
 - a. All involved personnel
 - b. Supervisors who advised involved personnel of the findings
 - c. Unit Commander
2. If training was recommended for involved personnel, see "Training Attended" section.
3. Return this form to the Executive Force Review Committee sergeant at IAB.

Incident Date:	July 31, 2013	Action Taken by Unit (briefing, counseling, training, etc.) TACTICAL DEBRIEF OF INCIDENT CONDUCTED WITH INVOLVED PERSONNEL.
Unit:	Lancaster	
Incident:	Force	
File No.	FO2362406	
EFRC Date:	July 9, 2015	

The above case was heard at the Executive Force Review Committee and its results were

		06-17-15	
Signature	Print Name	Date	Supervisor's Signature
		08-28-15	
Signature	Print Name	Date	Supervisor's Signature
		08-28-15	
Signature	Print Name	Date	Supervisor's Signature
	EARLEY, JEREMY	08-30-15	
Signature	Print Name	Date	Supervisor's Signature
		08/31/15	
Signature	Print Name	Date	Supervisor's Signature
	COURTIAL, MICHAEL	09/07/15	
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature

Unit Commander's Signature:	(See next page for signature)	Date:	
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Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature
Signature	Print Name	Date	Supervisor's Signature

Unit Commander's Signature:		Date:	09/08/15
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E1

E2E3

LT. D. FLORES *[Signature]* 04/17/15
 Watch Commander / Supervising Lieutenant's Signature: Date Copy Provided to Employee by: Emp #:
 Patrick A. Nelson
 Unit Commander (Print Name) Unit Commander's Signature: Emp #: Date
 DISCOVERY Use Only
 FO# ☒ PPI REVIEW COMPLETED Original: Discovery Unit
 Copy: Unit Commander SH-R-438P (Rev. 01/13)

Supervisor's Report on Use of Force

SUSPECT INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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S 1

Suspect Information									
Last Name Govea		First Name Ray		Middle Name Ronnie		Armed? Select <input type="checkbox"/> Not Armed			
AKA Last Name		First Name		Middle Name					
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	Race: M	Age: 28	Height: 508	Weight: 220	D.O.B.: 02/14/86	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	
Street Address: [REDACTED]				City: [REDACTED]		State & Zip Code: [REDACTED]			
Booking #: 4048656		Primary Charge Code: 273.5(a) P.C.		Secondary Charge Code: 69 P.C.		Criminal History <input type="checkbox"/>			
Treated on Scene? <input type="radio"/> YES <input checked="" type="radio"/> NO		Name: LAFD - Captain Pugh		Unit: Engine #135		Phone #: 661-940-7700			
Hospital Admission? <input checked="" type="checkbox"/> Rec'd Treatment At:		Antelope Hospital		Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>			
By: Doctor Jawad Bermari		Address: 1600 W. Avenue J, Lancaster 93534		Phone #: (661) 949-5000					
Under Influence: <input type="radio"/> YES <input checked="" type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input checked="" type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date: 08/01/14		Time: 0724		<input checked="" type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input checked="" type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

S

Suspect Information									
Last Name		First Name		Middle Name		Armed? Select			
AKA Last Name		First Name		Middle Name					
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B.:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At:				Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>			
By:		Address:		Phone #:					
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

S

Suspect Information									
Last Name		First Name		Middle Name		Armed? Select			
AKA Last Name		First Name		Middle Name					
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B.:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At:				Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>			
By:		Address:		Phone #:					
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

☐ Additional Suspects Involved

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Carter	Ronald	T.
Unit of Assignment: Lancaster Station		Work Assignment (Unit #, Module, etc.): Unit 112	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty
Emp. #	Last Name	First Name	Middle Name
	Esswein	Jeremy	M.
Unit of Assignment: Lancaster Station		Work Assignment (Unit #, Module, etc.): 112D	Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty
Emp. #	Last Name	First Name	Middle Name
	Tanner	Aaron	D.
Unit of Assignment: Lancaster Station		Work Assignment (Unit #, Module, etc.): 112G	Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2

☒ Additional Witness

Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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Involved Employee												
E 4	Employee #	Last Name	First Name				Middle I.	Rank DSG				
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: W	Height: 508	Weight: 210	Age: [REDACTED]	Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment: Lancaster Station				Work Assignment (Unit #, Module, etc.): Unit 112G							
	Individual Force Used: Firm grip						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____										Coroner Case #	
E 5	Employee #	Last Name	First Name				Middle I.	Rank DSG				
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: W	Height: 509	Weight: 170	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment: Lancaster Station				Work Assignment (Unit #, Module, etc.): Unit 112T2							
	Individual Force Used: Firm grip						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____										Coroner Case #	
E 6	Employee #	Last Name	First Name				Middle I.	Rank DSG				
	Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Race: W	Height: 508	Weight: 175	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment: Lancaster Station				Work Assignment (Unit #, Module, etc.): Unit 111A							
	Individual Force Used: Hobble						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____										Coroner Case #	
E	Employee #	Last Name	First Name				Middle I.	Rank				
	Sex: <input type="radio"/> M <input type="radio"/> F	Race:	Height:	Weight:	Age:	Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):							
	Individual Force Used:						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____										Coroner Case #	
E	Employee #	Last Name	First Name				Middle I.	Rank				
	Sex: <input type="radio"/> M <input type="radio"/> F	Race:	Height:	Weight:	Age:	Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):							
	Individual Force Used:						<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____										Coroner Case #	

Supervisor's Report on Use of Force

EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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Employee Witnesses				
Emp. #	Last Name	First Name	Middle Name	
	Sherman	Sheldon	D.	
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station		111T1	<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name	
	Taylor	Andrew	M.	
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station		111D	<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name	
	Cisneros	Amos	A.	
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):	Shift:	
Lancaster Station		112T1	<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses				
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2
Last Name		First Name	Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1 Phone #2

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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Employee Witnesses									
Emp. #	Last Name	First Name	Middle Name						
	Stogden	Alfonso	J.						
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:					
Lancaster Station		112B		<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty					
Emp. #	Last Name	First Name	Middle Name						
	Martinez	Oscar	A.						
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:					
Lancaster Station		111T1		<input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty					
Emp. #	Last Name	First Name	Middle Name						
	Dang	Luan	V.						
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:					
Lancaster Station		110S		<input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty					
Non-Employee Witnesses									
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address				City		Zip Code		Phone #1	

☐ Additional Witness

Supervisor's Report on Use of Force

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Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(RO) Restraint Device (Other)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(IR) Less Lethal Impact Round (other)
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative
		(HR) High Risk

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Involved

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Govea	S#1	Courtial	E#1	HR	NN	----
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	CH
Courtial	E#1	Govea	S#1	ST	AB	BK
Govea	S#1	Farley	E#2	HR	NN	-----
Farley	E#2	Govea	S#1	ST	AB	AD
Farley	E#2	Govea	S#1	ST	NN	-----
Farley	E#2	Govea	S#1	ST	NN	-----
Govea	S#1		E#3	HR	NN	-----
	E#3	Govea	S#1	ST	NN	-----
	E#3	Govea	S#1	ST	NN	-----
	E#3	Govea	S#1	ST	NN	-----
	E#3	Govea	S#1	ST	NN	-----
Govea	S#1	Courtial	E#1	HR	NN	-----
Courtial	E#1	Govea	S#1	TR	BU	BK
Govea	S#1	Farley	E#2 & 4	RS	NN	-----
Farley	E#2 & 4	Govea	S#1	CT	NN	-----
Govea	S#1		E#3, 5, 6	RS	NN	-----
	E#3 & 5	Govea	S#1	CT	NN	-----
	E#3	Govea	S#1	RH	NN	-----